

GENERAL FOSTER CARE CASE

I. PLACEMENT

First, use the placement codes in your attachments to indicate the type of placement the child was in at the end of the review period or the last placement the child was in before the case closed or the child returned home, if that occurred before the end of the review period.

A. Placement Decisions & Support to New Placement Providers

This section reviews several requirements regarding placement decisions and the various factors that must be considered when identifying an out-of-home placement for a child. In addition the section reviews requirements regarding information that must be provided to a new out-of-home care provider. You will need to look in CPS files, foster care files, court documents, and screening and placement records to answer these questions.

This section only applies to placements made during this review period. If the child was already in an out-of-home placement at the beginning of the review period and that placement did not change throughout the review period, the questions in this section do not apply to this case. Answer question 1 No and go on to Section B. If there was more than one placement change during this review period, read this case in terms of the most recent placement within the period.

*The **initial placement** is the first out-of-home placement a child is in after DCFS obtains custody of the child.*

*Placement in shelter care **IS NOT** an initial placement. However, if the shelter placement becomes the foster placement, the initial placement would count at the time the placement changed from a shelter placement to a foster placement.*

***Placement changes** occur if the child is moved from one out-of-home placement to another during the review period. Placement changes **DO NOT** include moves from shelter care to the initial placement, moving to or from hospitalization, respite care, detention, or a return to an out-of-home placement after a scheduled home visit. For purposes of this review, placement changes **do not** include a return home or a change in level of care that does not involve a change in caretaker.*

IA1. Did the child experience an initial placement or placement change during this review period?

If the child was placed in out-of-home care during this review period, or if the child moved from one out-of-home placement to another during this review period, answer this question Yes. A return home, a move to independent living code, or a change in level of care that does not involve a change in where the child is living is not considered a placement change.

Yes
No

Go on to question 2.
Skip to Section B.

IA2. Following the shelter hearing, were reasonable efforts made to locate kinship placements?

According to DCFS practice guideline section 503.C2, when either parent cannot care for children safely, the DCFS worker will make a reasonable search for relatives for kinship placement. Following the shelter hearing, the DCFS worker will continue to search for relatives if a long-term kinship placement has not been identified or if it is in the best interest of the child. Reasonable efforts to locate kinship placements include talking to the child, the parents, the child's teacher, or care providers about the child's relatives and how to contact them. Check the Activity Log (both CPS and foster care), Request for Kinship Study, Kinship Study, 24 Hour Meeting Practice guideline Review Form, Shelter/Foster Placement Information Form, the placement screening form, shelter hearing information and other court reports, team meeting notes, and elsewhere in the record for documentation that reasonable efforts were made to locate kinship placements following the shelter hearing and prior to the dispositional hearing. The initial dispositional hearing occurs after the shelter hearing and can be combined with adjudication hearing or no later than 30 days after the adjudication hearing. It is not the same as the 12-month dispositional hearing. If the child is in a kinship placement at the time of the disposition, that would be considered reasonable efforts to locate such a placement. This question only applies if the dispositional hearing was held during the review period, if not, answer this question NA and put ORP (outside review period) in the comment section.

Yes	The child was in a kinship placement at the time of the dispositional hearing; the worker made reasonable efforts to locate kinship placements following the shelter hearing and prior to the dispositional hearing.
No	The worker did not make reasonable efforts to locate kinship placements following the shelter hearing and prior to the dispositional hearing or there was no documentation that efforts were made.
Not Applicable	The child was abandoned and no information on the family was available; the child is a juvenile offender and the dispositional hearing occurred prior to DCFS custody; or a determination was made at the shelter hearing that no kinship care was available or appropriate or the dispositional hearing was not held during this review period (put ORP in the comments section).

IA3. Were the child's special needs or circumstances taken into consideration in the placement decision?

DCFS practice guideline section 301.3 states that the child will be placed in the least restrictive/most family-like placement that meets the child's special needs according to the following priorities: A. Placement with non-custodial parent. B. Placement with siblings. C. Placement with kin or extended family who are invested in preserving the child's kinship ties. D. Placement with a family who resides within reasonable proximity to the child's family and community if the goal is reunification. Special needs or circumstances may be based on level of care needed or type of placement needed based on age of child such as adoptive placement, special medical needs, independent living skills training, etc. Check the Activity Log, the Child and Family plan, the functional assessment, the Placement Screening Form, the Progress Summary, the Foster Care Placement Level Checklist, and elsewhere in the record for documentation that the child's special needs or circumstances were considered in the placement decisions. This information may be located in SAFE on the details tab under the provider's name. You could also check the residential screening section of the file. If the child has special needs, but a placement provider specifically able to address those needs was not available and that is addressed in the record that would be evidence that the child's needs were considered. If possible put this in the comments section.

Yes	The child's special needs or circumstances were considered in the placement decision.
No	The child has special needs or circumstances, but they were not considered in the placement decision or there is no documentation of the special needs or circumstances being taken into consideration.
Not Applicable	The new placement is court ordered or the result of an emergency; or there is no evidence of special needs or circumstances requiring consideration.

IA4. Was proximity to the child's home/parents taken into consideration in the placement decision?

DCFS practice guideline section 301.3 states DCFS practice guideline section 301.3 states that the child will be placed in the least restrictive/most family-like placement that meets the child's special needs according to the following priorities: A. Placement with non-custodial parent. B. Placement with siblings. C. Placement with kin or extended family who are invested in preserving the child's kinship ties. D. Placement with a family who resides within reasonable proximity to the child's family and community if the goal is reunification. Reasonable proximity includes placing the child within the neighborhood of the family home so that family contact, school placement, church involvement, and friendships can be maintained. Any placement beyond school district or county lines must be discussed with the child and family team. If a placement in close proximity is not selected, document in the child and family plan reasons by the chosen placement is in the best interests of the child. Check the Activity Log, the Child and family plan, the functional assessment, the Progress Summary, the Placement Screening Form, and elsewhere in the record for evidence that the proximity to the child's home was a placement consideration. This information may be located in SAFE on the details tab under the provider's name. It is not necessary for the child to be placed in proximity to his/her home for the idea of placing him/her in close proximity to have been considered. On the other hand, if the child is, in fact, placed in proximity to his/her home, it can be assumed such a placement was a consideration. If the child's placement is in the same county as the parents for the Salt Lake Valley, Western and Northern regions or the placement is in the same regional neighborhood for the Southwest and Eastern regions that would be considered in proximity to the parents. If the parents' home is within one mile of the county or regionally defined neighborhood border, the child may be placed within a 30-mile radius of the home and it would still be considered within close proximity to the parents.

Yes	Proximity to the child's home was considered in the placement decision.
No	Proximity to the child's home/parents was not considered in the placement decision or there is no documentation that proximity to the child's home/parents was considered.
Not Applicable	Parents' rights have been terminated or they are otherwise not involved in this case; or the natural parents' whereabouts are unknown, institutionalized, incarcerated or lived out-of-state; or the new placement was court ordered or the result of an emergency.

IA5. Before the new placement was made, was basic available information essential to the child's safety and welfare and the safety and welfare of other children in the home given to the out-of-home care provider?

DCFS practice guideline section 301.4 requires that workers provide all necessary information about the child's permanency plan, family visitation plans, and needs such as medical, educational, mental health, social, behavioral, and emotional needs to allow the caregiver to make an informed decision about acceptance of caring for the child. **Prior to placement**, the out-of-home caregiver should be provided this information about a child from either the regional resource family consultant or out-of-home worker so an informed decision can be made as to whether or not the caregiver can care for the child. Check the Activity Log, the functional assessment, team meeting notes, the child and family plan, the Placement Screening Form, Residential Screening form and elsewhere in the record for documentation that workers gave the out-of-home caregivers the required information.

Yes	The worker gave the out-of-home caregiver available essential information about the child before the placement was made.
Partial-no credit	The worker gave the out-of-home caregiver available essential information about the child, but not before the placement was made; or the timeliness cannot be determined.
No	The worker did not give the out-of-home caregiver available essential information about the child or there is no documentation that the worker gave available essential information to the providers.
Not Applicable	The new placement was the result of an emergency <u>and</u> information could not be provided before the placement was made; placement occurred prior to DCFS involvement with the child.

B. General Placement Support

DCFS practice guidelines require that certain information be provided to the out-of-home caregiver and that the worker visit the child in his/her placement. You will need to look in foster care files, placement records, and SAFE documentation to answer these next few questions.

IB1. Did the worker contact the out-of-home caregiver at least once during each month of this review period to check on the needs and progress of the child?

The DCFS practice guideline section 305.1 states the worker have at a minimum one contact per month with the out-of-home caregiver to assess strengths, needs and progress of the child. Phone calls and/or face-to-face interviews are acceptable if the well being of the child is discussed during the interviews. Check the Activity Log, the Quarterly Progress Summary, team meeting notes, and elsewhere in the record for documentation that the worker contacted the out-of-home caregiver to check on the child's well being/progress at least once during each month of the review period. The primary caseworker should contact the caregiver most of the time. A courtesy caseworker could contact the caregiver if one is assigned to the case. The worker's supervisor may contact the caregiver if the worker is unavailable for the entire month.

Yes	The worker contacted the out-of-home caregiver this month about the child's needs and progress.
No	The worker did not contact the out-of-home caregiver this month or there is no documentation that the worker contacted the out-of-home caregiver this month about the child's needs and progress.
Considered for Extenuating Circumstance	The worker documented two or more attempts to contact the out-of-home caregiver this month about the child's needs and progress but was unable to for reasons outside the worker's control, e.g., the family was out of town for an extended period (put the reason in the comments section).
Not Applicable	The child was not in an out-of-home placement this month or was only in the out-of-home placement for less than half the month.

IB2 Did the worker visit the child in his/her out-of-home placement at least once each month of the review period?

DCFS practice guideline section 303.2 states that the worker must visit the child no less than once every month to ensure the child is safe and appropriately cared for while in out-of-home care. At least one face-to-face contact with the child must take place **in the child's out-of-home placement**. Check the Activity Log, the Quarterly Progress Summary, and elsewhere in the record for documentation that the worker visited the child at least once every month **in the child's out-of-home placement**. An assigned courtesy worker may visit the child when the child is placed in another county. A supervisor or other worker may visit the child in some circumstances (e.g., the worker is ill or on medical leave). Caseworker Assistants' visits do not meet this requirement. If the worker picks the child up at the placement or returns the child to the placement and actually goes inside the placement, this question can be answered yes. If the child is placed outside the state, the worker will have at least one telephone conversation per month with the child, if the child is verbal, to supplement services provided by the courtesy social worker as specified in the ICPC.

Yes	The worker visited the child in the out-of-home placement this month or had telephone contact this month of the review period if the child lives out of state.
No	The worker did not visit the child in the out-of-home placement this month or did not have telephone this month or there is no documentation of phone contact this month of the review period if the child lives out of state.
Considered for Extenuating Circumstance	The worker documented two or more attempts to visit the child in the out-of-home placement this month or to make telephone contact this month of the review period if the child lives out of state but was unable to for reasons outside the worker's control; <i>e.g.</i> , the family was out of town for an extended period; the child was on vacation (put the reason in the comment section).
Not Applicable	The child was not in a placement this month or was only in the placement for less than half the month. Child was at home for a trial home placement. The child is placed out of state and is nonverbal. The child is AWOL for more than half the month. The child is placed out of state, is non-verbal, and the caseworker contacted the caregiver to obtain information about the child's well-being.

IB3. Did the worker visit the child at least once during each month of this review period?

DCFS practice guideline section 303.2 states that the worker must visit the child no less than once each month to ensure the child is safe and appropriately cared for while in out-of-home care. If the child is placed outside the state, the worker will have at least one telephone conversation per month with the child, if the child is verbal, to supplement services provided by the courtesy social worker as specified in the ICPC. Visits may occur in any location and must be in person (phone calls do not count). The visits may be made by an assigned courtesy worker (when the child is placed in another county), or, in some circumstances, (*e.g.*, the worker is ill or otherwise unable to visit) a supervisor or other worker may make the visits. Caseworker aides and trackers cannot conduct the visits.

Yes	The worker visited the child in person or had a telephone conversation with the child if the child was placed out of state.
No	The worker did not visit the child in person this month or there is no documentation that the worker visited the child or had a telephone conversation with the child if the child was placed out of state.
Considered for Extenuating Circumstance	The worker documented two or more attempts to visit the child (or make telephone calls to the child if the child was placed out of state) this month, but the child was unavailable; (Write detailed explanation in the comments section)
Not Applicable	The child was not in custody this month or was only in custody for less than half the month; or the child was AWOL for more than half the month. The child is placed out of state, is non-verbal, and the caseworker contacted the caregiver to obtain information about the child's well-being.

IB4. Did the caseworker visit privately with the child?

The DCFS practice guideline section 303.2 requires that visits include a conversation with the child outside the presence of the caregiver to ensure that the child feels safe and that the child's needs are being met, assess progress on the plan, and inform the child of upcoming events. Courtesy caseworkers may converse with the child if one is assigned to the case and in some instances (*e.g.*, the worker is ill or otherwise unable to visit) a supervisor or other worker may meet with the child privately. Conversations by caseworker aides and trackers do not meet this requirement.

DCFS practice guidelines no longer state the conversation between the caseworker and the child must be private. It now states it must be conducted outside the presence of the caregiver. This means that if a child is at home for a trial home placement, the caseworker should have a conversation away from the parent or guardian. There is not an age limit for these conversations. Caseworkers must have a private conversation with all children who are verbal.

Yes	The caseworker had a conversation with the child outside the presence of the caregiver.
No	The caseworker did not have a conversation with the child outside the presence of the caregiver or there is no documentation that the caseworker had a conversation with the child outside the presence of the caregiver.
Not Applicable	The child is an infant, non-verbal, or otherwise non-communicative; the child is placed out of state.

II. HEALTH & MENTAL HEALTH SERVICES

This section focuses on the health services provided to the child, including initial and annual health assessments and ongoing health and mental health services and will be reviewed for a 12-month period of time. If more than one assessment was completed in the review period such as the well baby check, read the most current exam report.

III. Was an initial or annual comprehensive health assessment conducted on time?

As per DCFS practice guideline section 303.5, within 30 days of removal or court-ordered custody; whichever comes first, the child will receive a CHEC exam. While in custody the child will receive CHEC exams according to the Periodicity Schedule: A. Birth. B. Two weeks of age. C. Two months of age. D. Four months of age. E. Six months of age. F. Nine months of age. G. Twelve months of age. H. Fifteen months of age. I. Eighteen months of age. J. Twenty-four months of age. K. Annually, after 24 months of age. The annual exams must be completed by the end of the month, which is the same month the exam was completed in the previous year. For example: if the child had an exam in May 2004, the next annual exam is due by the end of May 2005. The exam may be completed early but if it is late, it is over due. If the child received a five-day initial health screening, required for all children removed from their homes, and that screening was a CHEC physical, that counts as the initial health assessment. If the child received a comprehensive health assessment prior to entering DCFS

custody (or as part of the provision of other medical services, including hospitalization, within the first 30 days of custody), AND the worker received approval from a regional health care specialist, that assessment counts as the initial health assessment. Look in the record for the Health Visit Report form, other medical reports, documentation in the Activity Log, Safe Health tab (including the details tab), and elsewhere in the record for evidence that the child received a health assessment during the year 2005. Then determine if the exam was completed on time. For the annual exams it will be necessary to review the records for 2004 (or earlier if necessary) to determine the month that the 2005 exam is due. Once the record of the 2004 exam is located, compare that exam date with the exam date of the 2005 exam to determine if it was completed on time. For the initial exams, determine the date the child was removed from the home and compare that date to the date the initial exam was completed to determine if it was completed on time. Be sure to note in the comment section specifically which exam was completed, the initial or annual, and the date it was completed. If the exam was conducted late, document how late the exam was completed. If the child is AWOL the month the exam is due, answer this question EC.

Yes	A comprehensive initial or annual health assessment was conducted on time or for initial exams, the exam was obtained within 51 days of removal <u>and</u> efforts to obtain the medical exam within 15 days of removal are documented.
Partial-no credit	For initial exams, the exam was obtained within 51 days of removal but efforts to obtain the exam within 15 days of removal are not documented. An annual health exam was due but was conducted late. (Document the degree of lateness in the comment section.)
No	A comprehensive initial or annual health assessment was due but it was not conducted or there is no documentation that it was conducted (answer question 2 NA, as no health assessment conducted/documented this review period).
Considered for Extenuating Circumstance	The comprehensive initial or annual health assessment was due but could not be conducted for reasons beyond the worker's control, as documented in the record; <i>e.g.</i> , the doctor was unavailable for an extended period. (Put the reason in the comments section). Answer question 2 NA, as no health assessment conducted/documented this review period.)
Not Applicable	The child had not yet been removed from home for 30 days at the end of the current review period and the exam would be due outside the review period. The child is AWOL the month the exam is due.

II2. If a need for further evaluation or treatment was indicated in the most current initial or annual health assessment, was that evaluation or treatment initiated as recommended by the primary care providers?

DCFS practice guideline section 303.5 requires that all foster children receive health care, treatment and follow up care recommended by the primary care providers. Look in the record for the Health Visit Report form, other reports, documentation in the Activity Log, details tab under the health tab in SAFE, child and family plan, progress summary, or elsewhere in the record for an indication of a need for further medical evaluation or medical treatment indicated in the initial or annual health screening. If there was an indication that such evaluation/treatment was needed determine if it was initiated as recommended by the medical personnel. If the need for further evaluation or treatment was indicated but a time frame for meeting the need was not specified by the medical personnel, the treatment should be initiated within 30 days of the exam. If an appointment was made within 30 days, even if the appointment itself is after 30 days, this would be considered *initiating treatment* on time. If the reviewer is unable to read the doctor's handwriting and is

unable to determine what follow up care is needed and the information cannot be located in SAFE, this question may be answered NA.

Yes	A need for further medical evaluation or treatment was indicated and was initiated as recommended by the medical personnel or within 30 days of the initial or annual health screening.
Partial-no credit	A need for further medical evaluation or treatment was indicated and was initiated, but after 45 days of the initial or annual health exam. A need for more than one type of additional medical treatment is recommended and some but not all services are initiated.
Partial-credit	Services were initiated more than 30 days after the exam but within 45 days of the exam. Services were initiated late but within half the time recommended by the medical provider.
No	A need for further medical evaluation or treatment was indicated, but the evaluation or treatment was not initiated, or there is no evidence that the evaluation or treatment was initiated.
Not Applicable	No need for further medical evaluation or treatment was indicated in the initial or annual health screening; no initial or annual health screening was conducted/documented that required follow up care; additional medical treatment recommendations are to occur outside the review period (ORP). Unable to determine what type of follow up treatment is needed.

II3. Was an initial or annual mental health assessment conducted on time?

As per DCFS practice guideline section 303.5, within 30 days of removal or court-ordered custody; whichever comes first, the child will receive a comprehensive mental health assessment. While in custody, the child will receive an annual mental health assessment. Annual assessments are required every 12 months and must be completed by the end of the month it is due, which is the same month the assessment completed in the previous year. For example: if the child had an assessment in May 2003, the next annual assessment is due by the end of May 2004. The assessment may be completed early but if it is late, it is over due. If the child received a mental health assessment, psychological or psychiatric evaluation prior to entering DCFS custody (or as part of the provision of other medical services, including hospitalization, within the first 30 days of custody), AND the worker received approval from a regional health care specialist, that assessment counts as the initial or annual mental health assessment. Infants may receive a developmental assessment from medical personnel in place of a mental health assessment. Look at the Health Visit Report form, Mental Health Assessment report, Psychosocial Assessment report, or other medical/mental health reports, documentation in the Activity Log, Safe Health Tab (including the details tab), and elsewhere in the record for evidence that a mental health or psycho-social assessment was conducted and if it was completed on time. For the annual exams it will be necessary to review the records for 2003 to determine the month the 2004 assessment is due. Once the record of the 2003 assessment is located, compare that assessment date with the assessment date of the 2004 assessment to determine if it was completed on time. For the initial assessment, determine the date the child was removed from the home and compare that date to the date the initial assessment was completed to determine if it was completed on time. Be sure to note in the comment section specifically which assessment was completed, the initial or annual, and the date it was completed. If the assessment was conducted late, document how late the assessment was completed. If the child is AWOL the month the assessment is due, answer this question EC.

Yes	A comprehensive initial or annual health assessment was conducted on time. For initial MHAs, the MHA was obtained within 51 days of removal and efforts to obtain the MHA within 15 days of removal are documented.
Partial-no credit	For initial MHAs, the MHA was obtained within 51 days of removal but efforts to obtain the exam within 15 days of removal are not documented. An annual MHA was conducted but it was late. (Document the degree of lateness in the comment section.)
No	An initial or annual mental health assessment was due but it was not conducted or there is no documentation that it was conducted (answer question 4 NA, no mental health assessment conducted/documented this review period).
Considered for Extenuating Circumstance	The mental health assessment was due but could not be conducted for reasons beyond the worker's control, as documented in the record; <i>e.g.</i> , the evaluator was unavailable for an extended period. (Put the reason in the comments section). Answer question 4 NA, no mental health assessment conducted/documented this review period.)
Not Applicable	The child had not yet been removed from home for 30 days at the end of the current review period and the assessment would be due outside the review period. The child is awol the month the assessment is due.

II4 If a need for mental health services was indicated in the most current initial or annual mental health assessment, were those services initiated within 30 days of receipt of the evaluator's consultation form, unless within 30 days of receipt of the evaluation recommendation the family team concluded that specified services were inappropriate for the child at that time?

DCFS practice guideline section 303.5 requires that all foster children receive health care treatment and follow up care recommended by the primary care providers. DCFS should ensure that the child receives any treatment as recommended by the provider in a timely manner. Review the health care and/or mental health care section of the file, details tab under the health tab in SAFE, the most current mental health assessments, activity logs, child and family plan, progress summary, court reports or elsewhere in the record to determine if mental health services were needed and if the services were initiated within 30 days of receipt of the mental health assessment as recommended by the evaluator. If the need for mental health services is indicated but the time frame for obtaining the services is not specified, the services should be initiated within 30 days of receipt of the assessment unless the family team determined the services were inappropriate for the child. If an appointment is scheduled for the services within 30 days of receipt of the assessment but the actual appointment for the services to begin is beyond 30 days, this is still considered initiating treatment on time. If services are being provided at the time of the assessment and the recommendation of the updated assessment is to continue services and evidence exists that services are continued, this question can be answered yes. **Documentation in the case file must include objectively verifiable information that the family team made a conscious decision not to go forward with the evaluators recommendation in order to answer this question NA.**

Yes	All needed mental health services were initiated as recommended by the evaluator within 30 days of receipt of the mental health assessment.
Partial-no credit	Some but not all needed mental health services were initiated or the services were initiated but not within the time frame recommended by the evaluator or after 45 days of receipt of the assessment.
Partial-credit	Mental health services were initiated more than 30 days after the assessment was received but within 45 days of when the MHA was received. Services were initiated late but within half the time recommended by the evaluator.
No	There is a need for mental health services indicated in the record but the services were not initiated or there is no documentation that the services were initiated; or there is no indication that the family team decided against the recommendations of the mental health assessment.
Considered for Extenuating Circumstance	There is a need for mental health services indicated but the services could not be initiated for reasons beyond the worker's control, as documented in the record; <i>e.g.</i> , there are no services available in the area to meet the child's needs, the child is awol (put the reason in the comment section).
Not Applicable	The need for mental health services was not indicated in the initial or annual mental health assessment; no initial or annual assessment was conducted/documented that required follow up care. Service recommendations are to occur outside the review period. The family team made a conscious decision not to go forward with the evaluator's recommendations.

II5. Was an initial or annual dental assessment conducted on time?

As per DCFS practice guideline section 303.5, within 30 days of removal or court-ordered custody; whichever comes first, the child will receive a dental exam. While in custody, the child will receive an annual dental exam. All children age three and older are required to receive dental exams and treatment. Annual dental exams are required every 12 months and must be completed by the end of the month in which they are due, which is the same month the exam was completed in the previous year. For example: if the child had a dental exam in May 2003, the next annual exam is due by the end of May 2004. The exam may be completed early but if it is late, it is over due. If the child received a dental exam prior to entering DCFS custody AND the caseworker received approval from the regional health care specialist, that exam counts as the initial dental exam. Look at the Health Visit Report form, other medical/dental reports, documentation in the Activity Log, Safe Health Tab (including the details tab) and elsewhere in the record for evidence that a dental assessment was conducted during the year 2004. Then determine if it was conducted on time. For annual exams it will be necessary to review records from 2003 to determine the month the 2004 exam is due. Once 2003 record is located; compare that exam date with the date of the 2004 exam to determine if it was completed on time. For the initial exams determine the date the child was removed from the home and compare that date to the date the initial exam was completed to determine if it was completed on time. Be sure to note in the comment section specifically which exam was completed, the initial or annual, and the date it was completed. If the exam was conducted late, document how late the exam was completed. Remember children under age three do not need dental exams. Dental exam can be completed every six months but this is not a requirement. If the child is awol the month the exam is due, answer this question EC.

Yes	A comprehensive initial or annual dental assessment was conducted on time. For initial exams, the exam was obtained within 51 days of removal and efforts to obtain the medical exam within 15 days of removal are documented.
Partial-no credit	For initial exams, the exam was obtained within 51 days of removal but efforts to obtain the exam within 15 days of removal are not documented. The annual dental exam was conducted but it was late. (Document the degree of lateness in the comment section.)
No	An initial or annual dental assessment was due, but it was not conducted or there is no documentation that it was conducted this review period. (Answer question 6 NA, no dental assessment conducted/ documented.)
Considered for Extenuating Circumstance	The dental assessment was due but could not be conducted for reasons beyond the worker's control, as documented in the record; <i>e.g.</i> , the dentist's schedule was full for an extended period of time. (Put the reason in the comment section). Answer question 6 NA, no dental assessment conducted/documentated this review period.)
Not Applicable	The child is under age 3 and no dental assessment was required; the child had not yet been removed from home for 30 days at the end of the review period and the exam would be due outside the review period. The child is awol the month the exam is due.

II6. If a need for further dental care treatment was indicated in the initial or annual dental exam was that treatment initiated as recommended by the primary care providers?

DCFS practice guideline section 303.5 requires that all foster children receive health care, treatment and follow up care recommended by the primary care providers. DCFS will ensure that the child receives any treatment as recommended by the provider in a timely manner. Look in the record for the Health Visit Report form, other reports, documentation in the Activity Log, details tab under the health tab in SAFE or elsewhere in the record for an indication of a need for further dental care treatment indicated in the initial or annual health screening. Then determine if the evaluation/treatment was initiated as recommended by the dental personnel. If the need for further treatment was indicated but a time frame for meeting the need was not specified by the dental personnel, the treatment should be initiated within 30 days of the exam. If an appointment were made within 30 days, even if the appointment itself is after 30 days, this would be considered *initiating treatment* on time. Often times, dentist will recommend routine dental exams every six months. This does not meet the requirements for further dental treatment. Cavity repairs, fluoride treatments, etc meet this requirement. If the reviewer is unable to determine what type of follow up care is required due to illegible handwriting of the dentist, this question may be answered NA.

Yes	A need for further dental treatment was indicated and was initiated as recommended by the dental personnel or within 30 days of the initial or annual dental exam.
Partial-no credit	A need for further dental treatment was indicated and initiated, but was not initiated within the time frame specified by the dental personnel or after 45 days after the initial or annual health exam. A need for more than one type of dental treatment is recommended and some but not all services are initiated.
Partial-credit	Services were initiated more than 30 days after the exam but within 45 days of the exam. Services were initiated late but within half the time recommended by the medical provider.
No	A need for further dental treatment was indicated, but the treatment was not initiated, or there is no evidence that the treatment was initiated.
Not Applicable	No need for further dental treatment was indicated in the initial or annual dental exam; no initial or annual dental exam was conducted/documented that required follow up care; additional dental care recommendations are to occur outside the review period. Unable to determine what type of follow up care is recommended due to illegible handwriting of the dentist.

III. EDUCATIONAL SERVICES

Since this section looks at school-based services, including educational assessments, obviously the questions in this section apply only to school aged children. All children in DCFS custody must attend kindergarten. Therefore, school aged children are usually ages 5-18. However, it is important to remember the birth date deadline for beginning school, which is usually September. This means if a child turns age 5 in November, he/she will not start school until the following school year. If the child whose case you are reviewing is not school aged, including children who have graduated from high school or received a GED, answer question 1 No and skip to Section IV.

III1. Is the child school aged?

- | | |
|-----|---------------------|
| Yes | Go to question 2. |
| No | Skip to Section IV. |

III2. If there was reason to suspect the child may have an educational disability, was the child referred for assessments for specialized services?

The DCFS practice guideline section 303.4 states that at any time during the child's placement, if the child and family team have reason to suspect that the child may have a disability requiring special education services, the child will be referred for assessments for specialized services. Special education services may include services such as resource classes, speech services, language services and behavior management. Check the Child and Family plan, the Shelter/Foster Placement Information Form, the Placement Screening Form, the Progress Summary, the Activity Log, education tab in SAFE, school records to determine if the child may have an educational disability. If there is evidence that the child may have an educational disability, look for documentation to ensure the child was referred for assessments for specialized services. Put a detailed explanation in the comments section if referral was not made when needed. Document evidence of an IEP, SEP or report card.

- | | |
|----------------|---|
| Yes | The child was referred for assessments for specialized services when there was reason to suspect the child had an educational disability. |
| No | It was suspected that the child had an educational disability but there is no documentation that the child was referred for assessments for specialized services. |
| Not Applicable | The child is already receiving specialized education services; there was no reason to suspect the child had an educational disability and a referral for assessments was not needed; the child is not school age and/or does not attend school. |

IV. CHILD AND FAMILY PLANNING

A. Child and family plan

This group of questions involves the child's child and family plan and the planning process, including participants. Obviously the current child and family plan will provide much of the information here, but other documents should be reviewed, including court records. For all questions in this section, refer to the most current child and family plan found in the record as of the end of the review period.

IVA1. Is there a current child and family plan (including the ILP, if applicable) in the file?

The initial child and family plan shall be developed and finalized no later than 45 days after the child's removal from home or placement in DCFS custody, whichever occurs first as per DCFS practice guideline section 302.1. This plan is then updated at least every six months from removal date but can be updated more frequently when new needs are identified or goals are met. The case plan now in use by the DCFS can have two parts: the Child and Family Plan and the Transitional Independent Living Plan, if the child is age 16 or older. The beginning and ending dates of the child and family plan should be recorded on the form. Check those dates to be sure a plan was in the file, which was current at the end of the current review period. A child and family plan is considered complete when all relevant and applicable sections are filled in and it is finalized in SAFE. A child and family plan is considered incomplete if there are gaps from when the old plan ends and the new one begins. An updated plan must be finalized within 30 days of the end date of the expired plan. For example: If a plan expires March 10, 2005, the new plan must be finalized by April 9, 2005 to be considered completed on time. A child and family plan is considered incomplete if there are gaps from when the old child and family plan ends and the new one begins.

Yes	There is a current case plan in the file.
Partial-no credit	The plan is completed over 22 days after the due date. There is the service plan section of the case plan but the ILP section is missing (if applicable). The case plan is incomplete due to gaps between when one plan ends and the new plan begins.
Partial-credit	The plan is completed late but within 22 days after the due date.
No	There is not a current case plan in the file; the service plan section is missing.
Not Applicable	The initial case plan was not yet due at the end of the review plan (put ORP in the comments section).

IVA2. If the child and family plan which was current at the end of the review period was the child's initial child and family plan, was it completed no later than 45 days after a child's removal from home?

The DCFS practice guideline section 302.1 states the initial child and family plan shall be developed and finalized no later than 45 days after the child's removal from home or placement in DCFS custody, whichever occurs first. You may need to check CPS files and court records to determine when the child was removed from the home and when the child was placed in DCFS custody and which occurred first. The temporary custody date will appear on court documents, the Child in Custody form, the functional assessment, and elsewhere in the record. The date of the completion of the child and family plan is the date the child and family plan form is finalized in SAFE. Check that date to ensure that it was finalized no more than 45 days from the child's removal from home or placement in DCFS custody whichever occurred first. If the child is age 16 or older at the time of removal the independent living plan must be completed and finalized in SAFE within 45 days of removal or placement in DCFS custody whichever occurred first.

Yes	The initial child and family plan was completed within 45 days of the child's removal from home or placement in DCFS custody whichever occurred first.
Partial-no credit	The plan is completed over 22 days after the due date. There is the service plan section of the case plan but the ILP section is missing (if applicable).
Partial-credit	The plan is completed late but within 22 days after the due date.
No	The initial child and family plan was not completed or the timeliness of the initial child and family plan could not be determined.
Not Applicable	The child and family plan, which was current during this review period, was not the child's <u>initial</u> child and family plan. Initial plan was developed ORP.

IVA 3. Were the following team members involved in creating the current Child and family plan?

- a. the natural parent(s)/guardian?
- b. the stepparent, if appropriate?
- c. this item was removed
- d. this item was removed
- e. this item was removed
- f. this item was removed
- g. the child (age 12 and older)?

The DCFS practice guideline section 302.1 requires that the child and family team will create a plan based on the assessment of the child and family's strengths and needs, which will enable them to work toward their goals. The Utah State Statute 62A-4a-205 requires that an interdisciplinary team, including the parties listed above, be used in developing each child and family plan. Involvement by any of these parties could be through participation in the planning conference itself, or by providing input by phone, mail, or other means. Input from the team members must be obtained between the finalized date of the previous plan and the finalized date of the updated current plan. Check the Multidisciplinary Case Plan Staffing section, the Activity Log, under the staffing tab in documents section of SAFE, screenings/staffing tab of the file, functional assessment, team meeting notes, or copies of correspondence to determine if each of the parties was involved in the planning process. The child must be included unless there is a clear reason as to why it would not be appropriate to obtain feedback from the child (e.g. the child is an infant or otherwise non-verbal). The child does not need to attend an entire child and family meeting in order for the caseworker to obtain input from the child. Both parents/stepparents must be included unless the reasons for nonparticipation are clearly documented.

Yes	This party was involved in the development of the child and family plan.
Partial-no credit	<i>(for a & b only)</i> One parent was involved but not the other; one stepparent was involved but not the other.
No	This party was not involved in the development of the child and family plan or there is no documentation of his/her involvement in the development of the child and family plan; or the case planning process/development of the child and family plan did not occur.
Considered for Extenuating Circumstance	The worker documented at least two attempts to involve this party in creating the child and family plan but the party refused to participate.
Not Applicable	<i>(for part a & b only)</i> participation by the parents/stepparents is inappropriate or impossible (e.g., whereabouts unknown, rights terminated, reunification services are terminated, stepparents are not involved, etc.); or <i>(for part g only)</i> participation by the child is not appropriate (e.g., the child is under age 12 or non-verbal) or the caseworker documents a valid reason as to why the feedback for the case plan was not obtained from the child. Development of the child and family plan was done outside the review period or input for the plan was obtained from the party outside the review period.

IVA4. This question was removed.

IVA5. Did the worker initiate services for the family/child as identified in the child and family plans that are current during the review period?

DCFS practice guideline sections 302.1 requires that a plan will be developed based on the assessment of the child and family's strengths and needs, which will enable them to work toward their goals. Practice Guideline 302.2 states that interventions and service modalities will be matched to the assessed needs of the family. Only interventions deemed as best practice will be utilized. Services will be delivered according to the individualized assessed needs of the family as early in the intervention process as possible. In order to provide services to promote successful reunification or other permanency options for the child, the family will be seen as the center of case management and child and family planning. The plan must include specific services to meet the needs of the child and family and the appropriateness of the services provided. Review the child and family plans, which are applicable to the review period and determine what services are needed, then review the activity logs, progress summaries, collateral contact and correspondence sections of the file to determine if services were provided. If the child and family plan identifies specific agencies (including addresses and phone numbers) where the client may obtain services and if the client has a copy of the child and family plan, then the worker initiated services for the family and this question may be answered Yes or Partial depending on the situation. If services identified on the child and family plan are covered in other areas of the review such as caseworker visits with the child, interviews with the provider, and child's visits with family, these items do not need to be reevaluated in this section. A service is any activity that, under the written terms of the plan, the division is required to provide. Services are not the same as plan requirements.

Yes	All identified services were initiated as identified on the child & family plans.
Partial-credit	Some but not all identified services were initiated as identified on the child and family plans.
No	There is a need for services indicated on the child & family plans but the services were not initiated or there is no documentation that the services were initiated.
Considered for Extenuating Circumstance	There is a need for services indicated on the child & family plans but the services could not be initiated for reasons beyond the worker's control, as documented in the record; <i>e.g.</i> , there are no services available in the area to meet the family's needs (put the reason in the comments section).
Not applicable	There is not a child and family plan for the entire review period.

IVA6. Was the child provided the opportunity to visit with his/her parent(s) weekly?

DCFS practice guideline section 303.1 states that purposeful and frequent visitation with parents and siblings is a child's right, not a privilege or something to be earned or denied based on behavior of the child or parent.

Children have the right to communicate with family members except where documented to be clinically contraindicated. Intensive efforts will be made to engage biological parents in continuing contacts with their child, through visitation and supplemented with telephone calls and written correspondence unless contraindicated by court order for the child's safety or best interests. Visitation plans between the child, parent(s), and siblings will be individualized to meet the needs of the family. **Visits shall occur as often as possible with once per week as the general guideline. If after creative exploration of all options by the child and family team, weekly visits are still not feasible, schedule longer visits as frequently as possible, with other means of communication encouraged between visits.** The child and family plan is a good source to look for this evidence of the visitation plan. If the child and family plan specifies the visitation plan and all involved parties are aware of the visitation plan, this question may be answered yes. A good way to document that all parties are aware of the visitation plan is to document that the parties have a copy of the child and family plan where the visitation plan is outlined. This may be documented in other areas also such as in the activity logs or the CFTM notes. Check the child and family plan forms, the Progress Summary, the functional assessment, team meeting notes, the Activity Log, and elsewhere in the record for evidence of child-parent visitation. Check court orders and other legal documents to see if the court has prohibited weekly visitation or if a decision is pending regarding visitation. Parents are entitled to visit with their children even if reunification services are terminated unless their rights have been terminated and the goal is adoption. If the child is in foster care because of a failed adoption, visitation arrangement must be made between the adoptive parents and the child. **The caseworker must specify if the visitation plan is different than weekly and the reasons it is not weekly.**

Yes	The child was provided the opportunity to visit with his/her parent(s) weekly.
Partial-no credit	The child was provided the opportunity to visit with his/her parent(s) but not weekly; or the opportunity for visits was provided with one parent but not the other.
No	The child was not provided the opportunity to visit with his/her parent(s) weekly or there is no documentation that the opportunity for weekly visitation was provided.
Not Applicable	The worker was not able to provide the opportunity for the child to visit with his/her parents weekly for reasons beyond the worker's control, as documented in the record; or it has been determined that a visitation schedule other than weekly is in the best interest of the child (e.g., a court order mandating less frequent visits is being sought; the court or other professional determined a visitation schedule other than weekly is required; or a court decision regarding weekly visitation is pending). The parents' rights have been terminated; or visitation is impossible or inappropriate (for example, parents incarcerated or the court or other professional determined that visitation would be detrimental to the child). Child and/or parent refuse to visit.

IVA7. Was the child provided the opportunity for visitation with his/her siblings weekly?

DCFS practice guideline section 303.1 requires visitation for siblings. Section 303.1 states purposeful and frequent visitation with parents and siblings is a child's right, not a privilege or something to be earned or denied based on behavior of the child or parent. Children have the right to communicate with family members except where documented to be clinically contraindicated. Visitation plans between the child, parent(s), and siblings will be individualized to meet the needs of the family. **Visits shall occur as often as possible with once per week as the general guideline. If after creative exploration of all options by the child and family team, weekly visits are still not feasible, schedule longer visits as frequently as possible, with other means of communication encouraged between visits.** The child and family plan is a good source to look for this evidence of the visitation plan. If the child and family plan specifies the visitation plan and all involved parties are aware of the visitation plan, this question may be answered yes. A good way to document that all parties are aware of the visitation plan is to document that the parties have a copy of the child and family plan where the visitation plan is outlined. This may be documented in other areas also such as in the activity logs or the CFTM notes. Visits with siblings may occur in conjunction with visits with parents. Visits between siblings in adoptive homes should occur until the adoption is final unless there is some other reason the visits should not occur. This reason needs to be documented. Check the Child and family plan form, the Progress Summary, functional assessment, team meeting notes, the Activity Log and elsewhere in the record for evidence of sibling visitation. If the child is in foster care because of a failed adoption, visitation arrangement must be made between the adoptive siblings and the child. **The caseworker must specify if the visitation plan is different than weekly and the reasons it is not weekly.**

Yes	The child was provided the opportunity to visit with his/her sibling(s) weekly.
Partial-no credit	The opportunity for visitation with sibling(s) was provided but not weekly; or the child was provided the opportunity for visitation with some siblings but not all siblings.
No	The child was not provided the opportunity for visitation with his/her sibling(s) or there is no documentation in the record of the child being provided the opportunity for sibling visitation.
Not Applicable	The child does not have any siblings; or the child's siblings are in the same foster placement or the child did not want to visit with siblings; or the court ordered no visitation; or a determination was made that sibling visits would be detrimental to the child or siblings. Siblings were not available for regular visitation (e.g. sibling is placed out of state; siblings refuse to visit; child and siblings are both in residential placement and permitted on campus visits only).